

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: DAVID F. WOODWARD, et al.

Serial No.: Pending

Filed: Herewith

For: **NOVEL PROSTAMIDES FOR THE
TREATMENT OF GLAUCOMA AND
RELATED DISEASES**

Examiner:

Group Art Unit:

Irvine, California

031088 U.S. PTO
10/713500



111303

NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 3 pgs
- (x) Specification (31 pages total) consisting of 39 Claims (5 pgs) Abstract (1 page)
- (x) Declaration/Power of Attorney
- (x) Assignment with Recordation Cover Sheet
- (x) Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV295682537US

Dated: 11/13/03

BRENT A. JOHNSON
Registration No. 51,851

CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that the above-identified documents are being deposited with the United States Postal Service on **November 13, 2003** in an envelope as "Express Mail Post Office To Addressee" mailing label number EV295682537US with sufficient postage for Express Mail addressed to MS: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: November 13, 2003Susan Bartholomew

(Name of person mailing paper)

(Signature of person mailing paper)

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **NOVEL PROSTAMIDES FOR THE TREATMENT OF GLAUCOMA AND RELATED DISEASES** by the following named inventors:

1	Full Name of Inventor	Last Name: WOODWARD	First Name: DAVID	Middle Name: F.
	Residence and Citizenship	City: Lake Forest	State or Foreign Country: California	Country Of Citizenship: United Kingdom
	Post Office Address	Post Office Address: 22736 Islamare Lane	City: Lake Forest	State or Country: California
2	Full Name of Inventor	Last Name: BURK	First Name: ROBERT	Middle Name: M.
	Residence and Citizenship	City: Laguna Beach	State or Foreign Country: California	Country Of Citizenship: U.S.A.
	Post Office Address	Post Office Address: 1337 Cerritos Drive	City: Laguna Beach	State or Country: California
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:
	Post Office Address	Post Office Address:	City:	State or Country:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 31 pages, 39 claims (5 pages) and an abstract (1 page).

Oath or Declaration

(X) Enclosed is a fully executed oath or declaration.

() Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	39 minus 20 =	19-	\$18.00	\$342.00
Independent Claims	04 minus 3 =	-1-	\$86.00	\$86.00
If application contains any multiple dependent claims, then add			\$290.00	\$.00
TOTAL FILING FEE				\$1198.00

- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- () A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- () A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (X) The Power of Attorney in this application is to Brent A. Johnson, Registration Number 51,851.
- (X) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

BRENT A. JOHNSON
 Registration No. 51,851
 ALLERGAN, INC.
 2525 Dupont Drive, T2-7H
 Irvine, CA 92612
 Tel: 714-246-4348 Fax: 714-246-4249

Respectfully submitted,

Date: 11/13/03


 Brent A. Johnson
 Registration No. 51,851
 Patent Agent of Record